





## DECLARATION – Utility or Design Patent Application

Direct all correspondence to:

Customer Number

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:  A petition has been filed for this unsigned inventor

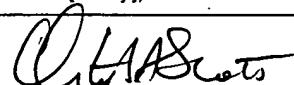
Given Name (first and middle [if any])	Phillip	Family Name or Surname	Clark
Inventor's Signature			
Residence: City	Wakefield	State	MA
Country	US	Citizenship	US

1-13-04  
Date

Mailing Address 14 Richardson Avenue

City	Wakefield	State	MA	Zip	01880	Country	US
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NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Chris A.	Family Name or Surname	Scott
Inventor's Signature			
Residence: City	Westford	State	MA
Country	US	Citizenship	US

1/13/04  
Date

Mailing Address 49 Brookside Road

City	Westford	State	MA	Zip	01886	Country	US
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Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box

+

PTO/SB/01 (03-01)  
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## DECLARATION

### ADDITIONAL INVENTOR(S)

#### Supplemental Sheet

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Name of Additional Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Michael S.		Colman	
Inventor's Signature			1/13/02 Date
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Country	US	Citizenship	US
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ZIP	01915	Country	US

Name of Additional Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country

Name of Additional Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.